

FLEET HOME TOWN NEWS RELEASE

1. Instructions on reverse.
2. Print in ink or type.
3. For additional remarks use Block 17.

PRIVACY ACT STATEMENT - AUTHORITY: 5 U.S.C. 301, and 14 U.S.C. 93f and 10 U.S.C. 8012 and 8034, and EO 9397. PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of sea service members. SSN is used for casualty identification and will not be released. ROUTINE USES: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain." DISCLOSURE IS VOLUNTARY: Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievement.

1. I certify this information is correct. I have no objection to its publication. Forms not signed will not be processed and will be returned. Print your First Name, MI, Last Name, and SSN. You must sign and date your form.

First Name: _____ MI: _____, Last Name: _____, SSN:

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Signature: _____, Date Signed:

(DD)	(MM)	(YYYY)

5. Command Mailing Address: _____
6. Command Releasing Authority (Normally Completed By Command PAO)
Print Name: _____
Signature: _____
Duty Phone: _____ Hold File: Yes ___ No ___
Homeport/Command Location: _____
If Unit Is Embarked Tell Where: _____

TYPE YOUR COMMAND'S MAILING ADDRESS OR PLACE COMMAND'S MAILING LABEL IN THE BLOCK ABOVE

7. Unit Code
USN - UIC

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 USMC - RUC - MCC

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 USCG - OPFAC

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8. Branch of Service (Check One) 9. Duty Status (Check One)
USN ___ USMC ___ USCG ___ ACTIVE ___ RESERVE ___
USA ___ USAF ___ CIV. ___

10. Date Entered Service (MM/YYYY)

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 11. Sex (Check One) MALE ___ FEMALE ___ 12. Are You Currently Married? (Check One) YES ___ NO ___ 13. Spouse's First Name (If Married) _____

14. Name and Address of College or University If Degree Was Received; Must include City and State. Type of Degree _____ Year Graduated

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 FHTNC Use Only
15. Name and Address of College or University If Degree Was Received; Must include City and State. Type of Degree _____ Year Graduated

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 FHTNC Use Only

16. Duty You Are Assigned/Job Title. (If Designated a Plane Captain, Crew Chief, etc., List Type of Aircraft.) _____

17. Event: Check the Appropriate Box or List Complete Details. If You Received a Medal or Award, Attach Copy of Citation.

Date of Event: (MM/DD/YYYY)

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Reported for duty

Promoted to the Above Rank

Meritoriously Promoted

Medal/Award...Attach Copy

Retired: _____ # of Years

Reenlisted: _____ # of Years

Good Conduct Medal

Military School Graduation (List School and Course Name)
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Deployment -- Explain Below

Other -- Explain Below

Explanation: (Attach Extra Page If Necessary.) _____

YOUR LIVING PARENTS OR GUARDIANS, OR OTHER RELATIVES: SHOW RELATIONSHIP. IF MILITARY INCLUDE RANK/SERVICE.

18. Your Father's First, MI, and Last Name _____ Address (Number and Street) _____
City _____ State _____ ZIP Code _____
19. Your Mother's First, MI, and Last Name _____ Address (Number and Street) (If Same as Above, Please Mark Box on Right)

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City _____ State _____ ZIP Code _____
20. Your Grandfather's, Father-in-Law's, or Other Relative's First Name, MI, and Last Name (Write Relationship) _____ Address (Number and Street) _____
City _____ State _____ ZIP Code _____
Relationship

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21. Your Grandmother's, Mother-in-Law's, or Other Relative's First Name, MI, and Last Name (Write Relationship) _____ Address (Number and Street) (If Same as Above, Please Mark Box on Right)

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City _____ State _____ ZIP Code _____
Relationship

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22. Name of High School You Graduated From _____ Year Graduated

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 City _____ State _____ ZIP Code _____

RESERVISTS - SEE INSTRUCTIONS ON REVERSE OF FORM. (ADDITIONAL INFORMATION IS REQUIRED.)